

Redwoods Community College District

Report of Employee Injury

Name of Injured _____ Campus/Dept. _____

Date and Time of Injury _____ Date and Time Reported _____

Exact Campus Location of Injury

Witnesses

Describe Injury and Body Parts Involved

First-aid or Medical Treatment Provided

Description of Activity at Time of Injury

What Unsafe Conditions or Actions Contributed to the Injury?

What Steps Have Been Taken to Prevent Similar Injuries?

Recommendations for Additional Action

Supervisor's Signature _____ Date _____

Employee's Signature _____ Date _____